

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION III 841 Chestnut Building Philadelphia, Pennsylvania 19107-4431

<u>CERTIFIED MAIL</u> RETURN RECEIPT REQUESTED

FEB _ 4 1994

Matthew J. Anderson Yokohama Tire Corporation 3560 West Market Street Akron, Ohio 44413

Re: Old Salem Tannery Site Salem, Virginia

Dear Mr. Anderson:

Enclosed please find an Administrative Order by Consent for Removal Action ("Order") signed by the Region III Regional Administrator of the United States Environmental Protection Agency ("EPA"), and issued pursuant to Sections 106(a) and 122(a) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, as amended, 42 U.S.C. §§ 9606(a) and 9622(a).

The Order directs Respondents, Hercules, Incorporated and Yokohama Tire Corporation, to perform certain activities at the Old Salem Tannery Site located in Salem, Virginia. Please refer to the Order for the specific actions the Respondents are required to undertake and the time frames within which such actions must be taken. Failure to comply with the Order may subject Respondents to stipulated penalties, as set forth in the Order, civil penalties of up to £25,000 per day, and punitive damages in an amount equal to up to three times the costs incurred by EPA as a result of the Respondent's failure to comply with the Order.

If you have any questions, please contact Robert E. Guarni of my staff at (215) 597-6686 or Wayne Walters, Senior Assistant Regional Counsel, at (215) 597-1833.

Sincerely,

Abraham Ferdas, Director

Office of Superfund

Hazardous Waste Management Division

cc: Mr. Paul R. Thompson, Esq.

PS Form 3811, November 1990 + u.s. arc: 1991 - 207000 DOMESTIC	6. Signeture (Agent)	5. Signature (Addressee) 8. Addressee's Ad	Ty Date of D	AKION, ONIO 44413	3560 West Market Street Almon Object 16613	Yokohama Tire Corporation 4b. Service Type	Matthew J. Anderson P 342 204 778	3. Article Addressed to:	C	Write "Return Receipt Requested" on the melipiece below the article number:	rm to the front of the melipiece, or on the back if space	 Complete Items 1 and/or 2 for additional services. Complete Items 3, and 4s & b. Print your name and address on the reverse of this form so that we can feel):
DOMESTIC RETURN RECEIPT		8. Addresseo's Address (Only Iffequested and fee is paid)	,		COD .		04 778	O	Consult postmester for fee.	2 Parising Palitan	1. Addressee's Address	I also wish to receive the following services (for an extra fee):